

## **Our Future in Ending Tobacco Use in Delaware: Perspectives from the Millennial Generation**

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This nation's response to the tobacco use epidemic is described appropriately by Charles Dickens opening line from his famous novel, the Tale of Two Cities, "It was the best of times, it was the worst of times..." The epidemic of tobacco use and the toll it has taken in disease, disability, and death ranks among the greatest public health catastrophes in modern history. Despite this tragedy this nation has remarkably rallied over the past 50 years and made sweeping impact through tobacco use prevention and control efforts and these outcomes certainly rank as one of public health's greatest successes.

Nonetheless, change is upon us, the tobacco industry is not idle and is actively working to recruit new and more users of their products. Products that if used as intended will further burden our nation's health and economy. Public health and our aligned partners must recognize that even with our success, we are not fast or nimble enough in our efforts to deter the tobacco industry in its quest to hook a new generation of tobacco users. Simply put, more must be done, priorities have to change and the public and political will to do so must be achieved.

Each day, more than 3,200 youth (those younger than 18 years of age) smoke their first cigarette and another 2,100 youth and young adults who are occasional smokers progress to become daily smokers. Most first users of cigarettes occurs by 18 years of age (87%), with nearly all first users inhaling that addictive first puff by 26 years of age (98%).<sup>2</sup> If we recognize only one fact it is this, despite all of our gains we are at the precipice of losing another generation to tobacco use, and that cannot happen. There is no denying that the tobacco industry continues to position itself to sustain its sales by recruiting youth to be its future consumer of all their nicotine-containing products especially the emerging electronic nicotine delivery systems (ENDS) commonly known as e-cigarettes.

The tobacco industry is clearly targeting the Millennial Generation, a population of youth and young adults born between 1982-2005 that amount to nearly 85 million people in the United States who are forging a distinctive path in life. Now ranging in age from 10-33, they have taken over K-12, have already entered and graduated college and are entering and rising in the workforce ranks. They are relatively unattached to organized politics and religion, linked by social media, burdened by debt, distrustful of people, and in no rush to marry. They are however, optimistic about their future because they feel they can have a great impact on it. A future that will be influenced by the tobacco industry who want to make the Millennials their next generation of users and addicts, and sadly another generation that may become a statistic of premature morbidity and mortality.

The remaining parts of this commentary are six perspectives from students who are attending the University of Delaware. These students will be entering the health professions and want to make a difference in how we address tobacco prevention and control. They will share insights, bold and courageous, that address issues from funding to taxation, from e-cigarettes to flavored tobacco, from prohibiting possession for minors to making it illegal to smoke in motor vehicles when a minor present. These issues are important to them because they will determine whether

their generation, the Millennials, will make an impact in changing the culture of tobacco use or sadly succumb to it.

There is much optimism in the Millennial Generation that they will make deep impacts in improving this nation's health. When I read their viewpoints and understand their desire to create change, I am emboldened by their spirit and believe they will make a difference. Please read their perspectives with an openness of thought and appreciation. Some opinions may be perceived as controversial and not necessarily aligned with the prevailing views of traditional thinking, method or approach. I encourage you to try to understand their passionate pleas for what they believe needs to be done. There is no better place that these perspectives should be valued and encouraged than in an academic publication such as the Delaware Journal of Public Health. These students are advancing the marketplace of ideas and cultivating solutions for our future. The vitality of our nation and state depends on this right to freely think, to spur on new ideas that challenge old notions and subsequently generate answers to our dilemmas. In fact, it is what I contend is the fuel that will catalyze Delaware to achieve its aspirations to be the healthiest state in the nation.

## **Reforming the Delaware Health Fund**

Jennie Turner

Funding is one of the most critical elements in fighting the tobacco industry. Each week in Delaware, the tobacco industry spends over \$1 million dollars to market their products compared to \$16 thousand dollars this state spends a week to counter that marketing. Remarkably, for every dollar Delaware spends on counter marketing strategies the industry invests \$62 dollars to make sure they recruit new tobacco users who are largely younger than 18 years old.

On July 20, 1999, Governor Carper signed into law SB-8 which created the Delaware Health Fund, a special fund of annual payments to be received pursuant to the Master Settlement Agreement (MSA). These payments to the Health Fund are usually in excess of \$25 million dollars annually. One of the principal purposes for these funds is to invest in efforts that support tobacco prevention and control.

Nonetheless, to date, the Delaware Health Fund Advisory Committee (DHFAC), has not made recommendations to the Governor and the General Assembly for appropriating sufficient funding that meets the Centers for Disease Control and Prevention recommended level of funding investment for Delaware, an amount of \$13 million dollars compared to the roughly \$6.5 million it currently receives from all sources of funding including CDC. Furthermore, when funding recommendations have been made by the DHFAC they have been reduced in the Governor's Recommended Budget and subsequently the Budget Bill that is voted on by the General Assembly. This must change and how decisions are made to obligate the Health Fund dollars also needs to be reformed to preserve the intent of the MSA, and the intent was to prioritize and focus these funds to prevent and reduce tobacco use.

Health Fund allocation decisions should be evidence-based and prioritized on population-level need and its potential impact. Of all the initiatives supported by the Health Fund, the one that achieves this level of rigor is tobacco prevention and control. Certainly any one of the other initiatives over the years could easily claim a need for their respective programs to be funded. This is not the concern; the issue is to reform funding decisions and prioritize how Delaware's number one killer – tobacco use is impacted and eliminated. Until we win that war, or at least

dominant in it, I question why we should be diluting efforts to thwart this State's most significant health behavior – tobacco use and the impact it has on our state in lives and dollars.

I am an emerging health professional and a native Delawarean who has great pride in my state. As a Millennial, I have been blessed to grow up in a generally tobacco-free environment, but I see that changing, tobacco including e-cigarettes is steadily gaining momentum among my peers. We need to better prioritize the funds we have available and start treating the Health Fund as a sacred treasure to support all that is needed to defeat the efforts of the tobacco industry.

## **Reforming the Delaware Tobacco Excise Tax**

Rachel Blair

Numerous economic studies in peerreviewed journals have documented that cigarette tax or price increases reduce both adult and youth tobacco use. The general consensus is that every 10 percent increase in the real price of cigarettes reduces overall cigarette consumption by approximately 3-5 percent, reduces the number of youngadult smokers by 3.5 percent, and reduces the number of youth who smoke by approximately 7 percent.

Cigarette companies have long opposed tobacco tax increases because they know very well that raising cigarette prices is one of the most effective ways to prevent and reduce smoking, especially among youth. A \$1.00 increase in Delaware's cigarette tax would prevent approximately 4,500 youth from smoking and, over five years, save an estimated \$1.83 million in lung cancer, heart attack, and stroke costs.

Delaware has not raised its cigarette tax since 2009 and its current cigarette tax is \$1.60 per pack, the 23rd highest in the nation and this is at the nationwide average of \$1.60 per pack.<sup>8</sup> Delaware also has excise tax inequities with other tobacco products such as smokeless cigars, pipe tobacco, and e-cigarettes that are taxed at a lower unit price than cigarettes and this should be changed. The excise tax helps Delaware bring in more than \$128 million in annual tobacco tax revenues and with New Hampshire is the only other state that receives more than 3 percent of its total revenue from tobacco.

The states surrounding Delaware have varying excise taxes. For example, New Jersey, \$2.70; Maryland, \$2.00; Pennsylvania, \$1.60 and these states also have sales taxes which increase cost per pack. These excise tax differences make Delaware a primary destination to purchase tobacco because for those who live in other states near the border it is less expensive to purchase it. This raises a question as to whether Delaware is being socially responsible by keeping its tobacco excise tax lower.

Furthermore, in light of this windfall of funding, it was curious to discover that none of excise tax revenue is applied to any tobacco prevention and control efforts. The CDC Best Practices Guide for Comprehensive Tobacco Control Programs recommends that at least 9 percent of combined funding from the tobacco excise tax and the Delaware Health Fund (approximately \$13 million) be applied to prevention and control efforts.

Earmarking tobacco excise tax revenue would be an important strategy in supporting the resources necessary to effectively prevention and control tobacco use in Delaware. This would require designating some portion of the excise tax collection to address tobacco-related issues. About 26 states currently earmark funds from the tobacco excise tax and it would be important for Delaware to be the 27th and to dedicate a portion of these funds to tobacco prevention and

control efforts. This is no different in how Delaware allocates its gasoline and special fuel taxes where 100 percent of these funds go to support roads, highways and transportation facilities in Delaware and the tobacco excise tax shouldn't be different.

If Delaware truly aspires to significantly reduce impacts of tobacco use it must enact a tobacco excise tax policy that is an effective deterrent to purchasing and using tobacco products, and use some portion of the excise tax revenue to support tobacco prevention and control initiatives. This reform is vital to the health and economic vitality of this state, a place I cherish and want to succeed because it is making the right choices for the health of the people who live here.

## **Prohibiting Tobacco Possession for Minors**

Ines Crato

A topic that has received recent attention in Delaware is whether to prohibit minors from possessing tobacco. While it is illegal to sell tobacco products to minors in Delaware, a minor can possess or even use tobacco in public. All 50 states and the District of Columbia have laws that restrict the sale of tobacco products to minors. In addition to restricting the sale, 45 states and the District of Columbia have laws that also prohibit the purchase and/or underage possession (PUP) of tobacco products by minors. These states have various levels of fines, written warnings, community service, requirements for educational classes concerning the dangers of tobacco use, and in some cases parents may also be held accountable and may have to attend the educational program with their child. These laws have been passed with the intention of reducing youth smoking by making youth more personally responsible for remaining tobacco-free. At face value this seems plausible and something Delaware should explore in its strategy to prevent youth from acquiring and using tobacco.

Nonetheless, youth tobacco possession laws are generally not supported by most tobacco prevention advocates. The Community Guide to Preventive Services concludes that there is insufficient evidence for or against possession laws for minors; however, there is a precedent for youth possession laws in alcohol control. The 1984 National Minimum Drinking Age Act required states to set at 21 years the minimum age for purchasing and publicly possessing alcoholic beverages. States risked losing highway funds if they did not comply with this law, and not surprisingly, all 50 states implemented substantial penalties for first-time possession of alcohol by minors. Compare this to no penalties for tobacco possession for minors in Delaware. While the federal government has decreed that alcohol and tobacco cannot be purchased by minors (under 21 years and 18 years respectively), Delaware has chosen a different approach for possession of these substances. An approach that I contend has only allowed tobacco use to be an accepted part of the youth culture.

This leads to another body of literature that suggests that a minor's social supply network for tobacco, particularly via friends, caregivers and others, such as older siblings, is a key tobacco source for possession among youth. This would suggest that possession laws, especially for very young minors, may have an impact on tobacco possession and use. The issue of social supply networks raises important questions about the additional measures needed to prevent and reduce tobacco use among youth.

It is reasonable to infer that policies that make tobacco more difficult to obtain, possess and use warrants adoption and implementation. It is time to resolve this extreme disconnect in alcohol and tobacco possession by underage individuals. Many positive effects can emerge from stricter

tobacco possession laws that may deter tobacco initiation and lead people into healthier life choices. If Delaware is to make a significant change in the culture of tobacco use it must take a brave and courageous step to enact legislation that prohibits the possession of tobacco for youth.

## **Prohibiting Smoking in Vehicles with Minors**

Kristin Yurkanin

The dangers of secondhand smoke are well-documented and have led to the passing of smoke-free laws throughout the United States. Leading public health researchers also concur that there is no risk-free level of exposure to secondhand smoke and that the only effective way to protect people from harm is to eliminate smoking in all enclosed spaces especially motor vehicles. Sadly, we have failed to protect youth from secondhand smoke in this setting. Recent scientific studies have produced evidence to conclude that allowing tobacco users to smoke in vehicles with youth occupants endangers the lives of those children who are the most vulnerable victims in these environments.

Laws to prohibit smoking in vehicles when youth are present critically important to protecting the lives of children and improving overall public health. Given the scientific evidence supporting these laws is now explicitly clear that Delaware must follow suit. The American Academy of Pediatrics, American Lung Association, and American Cancer Society have taken the position that these laws are needed to protect children, whose developing bodies are especially vulnerable to the ill-effects caused by their acute exposure to tobacco smoke in motor vehicles.

During my youth I remember growing up in a culture where cigarette smoking was acceptable, whether I was in a home, in public, or in a vehicle, tobacco use was appropriate. Now, as a graduate student and emerging health professional I want to make a difference in the lives of children who may not have a voice on this issue. This issue among many can and should be implemented in Delaware. I want to pursue action for legislation to ban smoking in vehicles with minors. I want to have a voice in ensuring Delaware's children and their health is protected and they know what it is like to live and breathe in a smoke-free environment.

## **Restricting the Use of E-Cigarettes**

Jillian Sullivan

My generation, the Millennials, have been afforded an environment and culture that is relatively tobacco-free. I grew up fully aware of the detrimental health effects of smoking cigarettes. Now with the advent of e-cigarettes the landscape has changed and with it the culture of tobacco use among my generation.

E-cigarettes were first introduced into the U.S. marketplace in 2007 with deceptively shrewd advertising that made e-cigarettes out to be a device that would assist smokers to cut back on their habit. Not even eight years later, millions of Americans are using e-cigarettes. A Reuters poll estimates that approximately 15 percent of adults under the age of 40 are using e-cigarettes. Despite growing in popularity, the research is finally confirming that e-cigarettes are not a safer or healthier alternative to smoking. In fact, e-cigarettes contain ingredients that are known to be toxic to humans. Also, because clinical studies about the safety of e-cigarettes have not been submitted to the U.S. Food and Drug Administration, users of the product have no way of

knowing which chemicals they contain or how much nicotine they are inhaling. Furthermore, there are no e-cigarettes approved by the U.S. Food and Drug Administration (FDA) for therapeutic uses so they cannot be recommended as a cessation aid.

Sadly, as the data reveal, youth are using e-cigarettes at increasing and alarming rates. According to the CDC, e-cigarette use among both high school and middle school students tripled in one year, increasing from 4.5 percent in 2013 to 13.4 percent in 2014 among high school students, and from 1.1 percent in 2013 to 3.9 percent in 2014 among middle school students. Surprisingly, youth use of e-cigarettes nationally has now surpassed youth cigarette smoking.

Much of this can be attributed to the aggressive marketing and advertising that glamorizes e-cigarette use and a retail marketplace that has many loopholes that enable youth to easily purchase e-cigarettes online. Basic FDA oversight, which would include youth access and possession restrictions, is needed to protect youth from becoming the next generation hooked on nicotine.

Furthermore, e-cigarettes produce vapors that affect air quality. With the health threat that e-cigarettes pose to everyone, especially youth, it is important that additional restrictions are placed on e-cigarettes. Safety standards should be set to regulate the production of e-cigarettes and monitor levels of nicotine that are used in them and labeling should be required to accurately reflect these levels. Child-proof packaging of e-liquids needs to be required to reduce the number of youth who are accidentally exposed to nicotine. And one of the most effective tools to prevent and restrict e-cigarette use is to implement an excise tax comparable to what is levied on cigarettes.

We need to give youth of my generation a chance to grow-up in an environment that is tobacco free. To do so, we need to take a daring step in restricting the use of e-cigarettes making it extraordinarily difficult to purchase, possess and use.

## **Restricting Flavored Tobacco Products**

Kellye Foulke

The scientific literature recently suggested that flavors are a major driver of sales among youth of products that can be consumed. Youth want intense flavors in their products. While adults enjoy mild and natural flavors, youth prefer high impact flavors and they also like products twice as sweet as adults.

Research has also identified that flavored products encourage youth smoking and initiation and help young occasional smokers to become daily smokers by reducing or masking the natural harshness and taste of tobacco smoke and increasing the acceptability of a toxic product.

This is why in 2009, the Food and Drug Administration, prohibited the manufacturing, marketing and sale of cigarettes containing flavors such as vanilla, chocolate, cherry, and coffee. This law would extend to flavored cigarettes and flavored cigarette component parts such as tobacco, filter or paper.

As restrictive as this law may appear, menthol cigarettes are still available and remain on the market. Other flavored products include electronic cigarettes, cigars, smokeless tobacco, hookah tobacco called shisha, little cigars, and dissolvable tobacco products (e.g., strips and orbs), as well as flavored component parts (e.g., blunt wraps).

Given the significant threat to public health that flavored tobacco products pose, many local and state governments are considering ways to regulate their sale, pricing, marketing and advertising to further prevent youth from tobacco use.

Some approaches Delaware legislators may want to consider enacting that regulate flavored tobacco products include the following: (1) restricting sales by prohibiting sales of flavored tobacco products at certain locations such as stores near schools or stores with a pharmacy. (2) restricting product access by limiting how flavored products are distributed or sold, (3) mandating that all flavored tobacco products be sold via face-to-face transactions, and (4) regulating tobacco product pricing by restricting price discounts provided by tobacco manufacturers or retailers, such as multi-pack offers (e.g., buy two packs, get one free), product giveaways, samples, or point redemption schemes.

While these policy options would be an excellent start, much more must be done. And I certainly give the tobacco industry credit for ingenuity, not that I want to give them credit for anything but the lives they have taken and destroyed. It seemed like we had the tobacco industry on its heels, but it found ways to circumvent and took advantage of ambiguities in federal law and it continues to find new ways to addict youth to tobacco.

I encourage Delaware legislators to enact legislation that restricts and/or bans the marketing and sales of flavored tobacco products.

## **Conclusion**

Whether we agree with these perspectives or not, they are profound and refreshing, and provide a sense of renewed hope that the Millennials are invested in securing their future well-being. They have provided varied and robust insights that speak to the change we all seek, a tobacco-free environment and a culture that embraces health. If the Millennial generation is to truly live longer than any other generation this nation has known, we must understand their desires to prevent tobacco use. We must understand how to affect change among this group and enable them to reduce and eliminate tobacco from the marketplace.

This generation is now receiving the torch from the Baby Boomer Generation and it is being challenged to continue a legacy of progress and innovation that has so profoundly and remarkably changed this nation's health and economic status for the better. Now the Millennials will have an opportunity to achieve what we couldn't, a tobacco-free culture. They have shared six provocative perspectives about what can be done to affect change in making Delaware stronger and more able to become tobaccofree. Will we heed their calling?

This nation's decades-long battle against the tobacco epidemic has successfully prevented millions of premature deaths that would otherwise have occurred – a historic achievement by any measure. The work Delaware has done in this effort must also be applauded, but it is a moment to recognize we must rededicate ourselves to this fight against tobacco and expand our reach to affect change in areas we have imagined but have not had the courage to go. And to also achieve impact in areas unimagined, opportunities that must be discovered that may end this epidemic that has plagued our nation. This isn't easy work, it will require radical thinking, diverse partnerships, and wildly different approaches. We can and must have the perseverance to win this battle.

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